

Exhibit 1

PT

Suffolk County Sheriff's Department
Grievance Form

TODAY'S DATE: 7-2-19DATE / TIME INCIDENT 6-27-19 / 6-24-19 / 7-1-19LOCATION OF INCIDENT: 1-8-2HOUSING UNIT: 1-8-2NAME: James Bennett-WelchBOOKING #: 190-435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

Emergency *Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.*

Describe the grievance, be specific, include names and dates

I have filed 2 med slips asking to be better accommodated with the treatment regarding my gender dysphoria. I Asked to be given the chance to see an electrologist for female body hair. This is a necessary medical procedure in treating people with gender dysphoria because if you don't have the laser hair removal done one can not have the sex reassignment surgery. On both of my med slips they give a response of Not medically indicated but it is.

SUGGESTED REMEDY: I would like to be better accommodated medically for my gender dysphoria and ~~also~~ get the chance to see an electrologist. Please and thank you,

Inmate signature James Bennett-WelchDate 7-2-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>9190484</u>	Decision: <input checked="" type="checkbox"/> RETURNED <input type="checkbox"/> DENIED <input type="checkbox"/> RESOLVED <input type="checkbox"/> REFERRED	COMMENTS (IF REFERRED, specify to whom and why)
Date Received: <u>7-3-19</u>		
Appeal Date: _____		

REASON(S) FOR DECISION:

See attached per Captain/MC Cunniff
in medical

Institutional Grievance Coordinator: J. MillerDate: 7-5-19

You may appeal the decision of the IGC to the Superintendent within (10) days if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

7/5/2019 11:24:21 AM Eastern Daylight Time



Suffolk
20 Bradston Street
Boston, MA 02118

**PICTURE
NOT AVAILABLE**

Patient:	BENNETT-WERRA, JAMES	#:	(165359) 1902435	Lang:
DOB:	8/22/1997 (Age=21)	Sex:	M	Race: W
Housing:	HOC-1-08-2-14-A	SSN:	**HIDDEN**	Type:
Status:	ACTIVE	Booking Date:	4/10/2019 1:21:00 PM Eastern Daylight Time	Release:

Grievance

Date Of Grievance: Date Received: Date of Response: Closed
 6/27/2019 7/3/2019 7/4/2019

Grievance Types:

Dissatisfied with quality of medical care

Description:

You would like to be better accommodated for your Gender Dysphoria by having Electrolysis.

Response:

Unfortunatley, Electrolysis is not medically indicated.

PT

**Suffolk County Sheriff's Department
Grievance Form**

TODAY'S DATE: 10-23-19DATE / TIME INCIDENT 10-23-19 8:10am LOCATION OF INCIDENT: 1-4-2HOUSING UNIT: 1-4-2 NAME: James Bennett-Werra BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

Emergency *Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.*

Describe the grievance, be specific, include names and dates

The black LT. Bald with glasses entered the 1-4-2 while I was on fec time I was asking someone 4 soap to take a shower because the CO's Didn't have any soap packets. The LT. told me to get off the door calling me "the Note Man". He continued to call me a man and told me to write a Grievance saying things like "the Fuck has this world come too". I told him that he was being an asshole and that I would write a Grievance on him. This is just another example of how I'm not being treated how I should be and that its blatant Discrimination. None of the other women get harassed by CO's of called by a different gender.

SUGGESTED REMEDY: This LT. Needs to be reprimanded and educated on how to treat people. He told me to write a Grievance because he thinks he can treat people any type of way without consequences. He Needs to know that this is Not true.

Inmate signature James Bennett-WerraDate 10-23-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>9190855</u>	Decision: <input checked="" type="checkbox"/> RETURNED <input type="checkbox"/> DENIED <input type="checkbox"/> RESOLVED <input type="checkbox"/> REFERRED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>10-28-19</u>		
Appeal Date: _____		

REASON(S) FOR DECISION: Per IGP Sys McGrath: All staff has been trained on how to respond and interact with respect to transgender inmates.

Institutional Grievance Coordinator: /Date: 10/30/CS

You may appeal the decision of the IGC to the Superintendent within (10) days if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

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Suffolk County Sheriff's Department
Grievance Form

TODAY'S DATE: 7-24-19 DATE / TIME INCIDENT 7-24-19 LOCATION OF INCIDENT: 1-8-2

HOUSING UNIT: 1-8-2 NAME: James Bennett-Werra BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

Emergency *Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.*

Describe the grievance, be specific, include names and dates

My Prea Rights are being violated because I'm a high Potential Risk of being a victim of Prea Due to being transgender, being small in size, my age, and the fact that I've already been a victim of Prea in Bristol County. I'm being housed with people who are high potential predators Due to their sex crimes. Also, My Prea Rights are being violated because I've reported being Sexual Assaulted in a previous jail and never seen the Prea Coordinator. I have mentioned many times that I feel extremely uncomfortable being housed ~~on~~ on this unit to Mental health and my caseworker and women's programming.

SUGGESTED REMEDY: I would like to go to the female unit, see classification and see the Prea coordinator.

Inmate signature James Bennett-Werra Date 7-24-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>G190557</u>	Decision:	<input type="checkbox"/> RETURNED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>7/30/19</u>		<input type="checkbox"/> DENIED	
Appeal Date: _____		<input checked="" type="checkbox"/> RESOLVED	
		<input type="checkbox"/> REFERRED	

REASON(S) FOR DECISION: The incident at Bristol is still being investigated. You are on a house alone status. You will be attending programs with the females.

Institutional Grievance Coordinator: Mr. Miller

Date: 7-30-19

You may appeal the decision of the IGC to the Superintendent within (10) days if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

Suffolk County Sheriff's Department
Grievance Form

PT

TODAY'S DATE: 6-21-19 DATE / TIME INCIDENT 6-21-19 LOCATION OF INCIDENT: 1-8-2

HOUSING UNIT: 1-8-2 NAME: James Bennett-Werra BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

Emergency *Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.*

Describe the grievance, be specific, include names and dates

I REQUESTED TO MOVE TO THE FEMALE UNIT through my CASE WORKER, but SHE SAID I NEEDED TO ASK THE SUPERINTENDANT. SO I WROTE THE SUPERINTENDANT OVER TWO WEEKS AGO AND RECEIVED NO RESPONSE

I ALSO WROTE A LETTER TO MAJOR THOMAS AND REQUESTED TO BE MOVED AT MY LAST CLASSIFICATION HEARING.

SUGGESTED REMEDY: HEAR A RESPONSE FROM THE SUPERINTENDANT SO I CAN MOVE TO A FEMALE UNIT. THANK YOU,

Inmate signature: James Bennett-Werra Date 6-21-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>6190447</u>	Decision:	<input type="checkbox"/> RETURNED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>6-21-19</u>		<input checked="" type="checkbox"/> DENIED	
Appeal Date: _____		<input type="checkbox"/> RESOLVED	
		<input type="checkbox"/> REFERRED	

REASON(S) FOR DECISION: You will not move to a female unit at this time. You may participate in the transgender support group.

Institutional Grievance Coordinator: Mitchell Date: 6-28-19

You may appeal the decision of the IGC to the Superintendent within (10) days if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

O^{ffolk County Sheriff's Department}
Grievance Form

PT

TODAY'S DATE: 9-23-19 DATE / TIME INCIDENT 9-16-19 to 9-20-19 LOCATION OF INCIDENT: I-5-1 ^{women's program}

HOUSING UNIT: I-5-1 NAME: James Bennett-Werfa BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

Emergency *Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.*

Describe the grievance, be specific, include names and dates

On 9-17-19 Christina Ruccio came to talk to me on I-5-1 unit to explain why I was taken off the women's programs list. She told me the reason why is because of a disciplinary report I was given on 9-5-19. She said that I would lose my program privileges for the week of 9-16-19 - 9-20-19. I attended programs today on 9-23-19 and was told that the other inmate involved in my disciplinary report did not lose her program privileges but still received the 48 hour restricted movement. It is not fair to punish me twice with 48 hour restricted movement and a week of lost programs and the other inmate was not. This is blatant discrimination against me why am I being treated differently than the other women involved in the disciplinary report.

SUGGESTED REMEDY: I want to be housed on a women's unit to avoid further discrimination. I want to be treated the same as all other women. I want to be able to attend more women's programs.

Inmate signature: James Bennett-Werfa Date 9-23-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>919075</u>	Decision:	<input type="checkbox"/> RETURNED <input checked="" type="checkbox"/> DENIED <input type="checkbox"/> RESOLVED <input type="checkbox"/> REFERRED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>10-2-19</u>			
Appeal Date: _____			

REASON(S) FOR DECISION: Dr. Ruccio spoke to you and the other detainee about the incident

Institutional Grievance Coordinator:

Date: 10/8/19

You may appeal the decision of the IGC to the Superintendent within (10) days if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

INMATE GRIEVANCE APPEAL FORM

The Grievant has the right to appeal the decision of the Inmate Grievance Coordinator, using only this form, within ten (10) working days of receipt of the decision.

Once the appeal form is completed it shall be forwarded to the Superintendent, along with a copy of the grievance/decision. The Grievant should maintain a copy of the appeal and grievance for their own record.

Inmate's name Jennaya (James) Bennett-Werner I.D.# 1902435 Date sent: 11/19/19

Reason for Appeal: My programs and things with the other women is being taken away because of a D-report that is Not true. Also, Its Not fair that I get my programs taken away and other women who pass Nates + Canteen and Don't even get written up. It is extremely clear to me that people are trying every little thing they can do to stop me from being treated like any other women. If I was housed on a women's unit this wouldn't be an issue and I feel like I would be treated equally to other women if I was housed with them.

I would like all my things with the women back. The officer who wrote the D-report performed 4 using Male pronouns and accusing me of using my transgender status which is extremely offensive. To be housed on a female unit, Shower Alone, housed alone, in order to prevent further discrimination. There is No safety issues as I was spending more time with the female inmates than the men. 11/19/19

Jennaya (James) Bennett-Werner

Date

BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE

Date Received: 12/2/16

Grievance # G190909

Decision Resolved

Reason(s) Jennaya, I will absolutely speak w/ Staff about using proper pronouns when referencing you!

Your privileges are going to be restored. Please do not pass notes between the other women and me.

J. L. H.
Superintendent/designee

12/3/19 the
Date

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**SUFFOLK COUNTY SHERIFF'S DEPARTMENT
INMATE GRIEVANCE APPEAL FORM**

The Grievant has the right to appeal the decision of the Inmate Grievance Coordinator, using only this form, within ten (10) working days of receipt of the decision.

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Inmate's name James Bennett-Weller I.D.# 140343-S Date sent: 7/9/19

Reason for Appeal: Appealing Grievance #G 190484 Asking For better Accommodation for my gender Dysphoria. Electrolysis is in fact medically indicated because it has to get done before someone can move forward with Sex Reassignment Surgery.

Remedy: I would like to have electrolysis work done as the DOL does for people with gender dysphoria. Please and thank you

James Bennett-Weller

Grievant Signature

7/9/19

Date

BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE

Date Received: 7/15/19

Grievance # G 190484

Decision Resolved

Reason(s) Please forward this request to Naphcane they are our medical contractor and handle such issues



Superintendent/designee

8/1/19

Date

SUFFOLK COUNTY SHERIFF'S DEPARTMENT
INMATE GRIEVANCE APPEAL FORM

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Inmate's name James Bennett-Wilkes I.D.# 1902435 Date sent: 7/3/19

Reason for Appeal: According to the New Criminal Reform Act
 and Senate Bill 2427 I am supposed to be given the
 opportunity to be housed on a female unit Due to my gender
 Identity. In Not Doing so You put me in Danger and Violate my
 Constitutional Rights amongst other rights protecting me from discrimination.

Remedy: _____

I Need to be housed on a female unit because I am a
 female and it is my right. I want to be treated as any other
 women can not be discriminated against. Please and Thank you.

James Bennett-Wilkes
 Grievant Signature

7/3/19
 Date

BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE

Date Received: 7/9/19 Grievance # G190447

Decision Resolved

Reason(s) MP Bennett, you and I have spoken about
 this at great length. You are housed alone in your
 cell, you shower at different times than everyone else
 and you attend programs with the women.

J. L. [Signature] Date 8/8/19
 Superintendent/designee Date

**SUFFOLK COUNTY SHERIFF'S DEPARTMENT
INMATE GRIEVANCE APPEAL FORM**

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Inmate's name James Farnett-Welles I.D.# 1452835

Date sent: 7/3/2019

Reason for Appeal: All Grievance decision given to me about the library was in correct. Inmates on I-3-2 unit Do Not have Access to the library in the 3 building like everyone else will only get access to a little Room in the 5th Floor Once a week or everyday visits and this room contains low hours and very few regular books.

Remedy: We would like to be treated equally and have access to the real library in the 3 building it is not a safety issue if the female units get to go there. This is unfair and violates our Equal Protection clause and discriminates against us because we are less protective. Instead We should be given 1 Day a week to go to the 3 building library and keep our other 2 Day a week to the 5th floor rooms we can go with I-3-2 unit just like we go to the yard together

James Farnett-Welles
Grievant Signature

7/3/2019

Date

BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE

Date Received: 7/9/19

Grievance # G190446 + G190474

Decision Denied / Resolved

Reason(s) You have access to the library based on the unit. You will be able to go to the library with the women. Please allow

Yolanda D. Smith

Superintendent/designee

8/1/19

Date

for time for me to coordinate that.

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